

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NR		11-29-01
O.I.P.E. CLASSIFIER	MD	1020	12-06-01
FORMALITY REVIEW	MD		12-10-01
RESPONSE FORMALITY REVIEW	MD	955	02-15-02

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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Claim	Date
Final	
Original	
1	10-10-03
2	10-10-03
3	10-10-03
4	10-10-03
5	10-10-03
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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